

ELECTRICAL PERMIT APPLICATION

In accordance with Chapter 7 of the City Code

**This application must be signed by the Master Electrician
if contractor is performing the work.**

Application No. _____

Date _____

Approvals:

Code _____ Date _____

Amount Due \$ _____

All information must be complete to initiate processing of application.

1. PROPERTY LOCATION

Street Address _____

Suite Number _____ Floor Number _____

2. PROPERTY OWNER

Name _____

Street Address _____ Suite Number _____

City _____ State _____ Zip Code _____

Telephone(s) _____ Work _____ Home _____

3. OCCUPANT/BUSINESS

Name _____ Daytime Telephone _____

4. APPLICANT

Name _____ Telephone _____

Street Address _____ Suite Number _____

City _____ State _____ Zip Code _____

5. ELECTRICAL CONTRACTOR

Contractor's Name _____

City License Number _____ Telephone _____

6. PERMIT TYPE

Type of Work: ☐ New ☐ Alteration
☐ Addition ☐ Addition & Alteration
Proposed Work: ☐ Residential ☐ Commercial

7. DESCRIBE WORK

Indicate the exact number of each of the following electrical connections to be performed:

COMMERCIAL
No. of Each

_____ **Total Receptacles, Switches, Outlets**

_____ **Motors/Generators/Air Conditioning Units/
Heating/Cooking Equipment and Transformers**

_____ Transformers (1K.W. or 1Kv.A.=1HP)

_____ Over 10HP to 20 HP (each)

_____ Over 20HP to 30 HP (each)

_____ Over 30HP to 50 HP (each)

_____ Over 50HP to 75 HP (each)

_____ Over 75 HP (each)

_____ **Service Meter Equipment & Feeders**

_____ Under 100 Amp.

_____ 100 Amp. to 400 Amp.

_____ 400 Amp. to 1,000 Amp.

_____ Over 1,000 Amp.

_____ Pole Construction

_____ **Protective Signaling Systems**

_____ Total Devices

_____ **Low Voltage Systems (i.e. Cable, Phones, etc.)**

_____ Total Number of Fixtures, Devices, Terminals, etc.

RESIDENTIAL
No. of Each

_____ **Remodeling/Additions**

_____ Subpanels Under 100 Amp.

_____ Subpanels Over 100 Amp.

_____ Heavy-Up Service

_____ Existing _____ Amp.

_____ Proposed _____ Amp.

_____ Central Heating, HVAC, Motors,

_____ Appliances or Appliance Outlets

_____ Total Receptacles, Switches, & Lights

_____ **Tubs**

_____ Hot Tubs or Hydro Massage Tubs

_____ **Hard Wire Smoke Detectors**

_____ Total Number of Detectors

_____ **Pole Construction**

☐ Yes ☐ No

_____ **Homeowner Installation of
less than 12 outlets**

LOCAL UTILITY (1)

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent of either, or the licensed Engineer or Architect employed in connection with the proposed work and that the proposed work is authorized by the Owner in fee and I am authorized to make such application.

Master Electrician's Name _____

Master Electrician's Signature _____ Date _____

Applicant's Name _____ Daytime Telephone _____

Applicant's Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Applicant's Signature _____ Date _____